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CONFIRMATION NO. 4246

Bib Data Sheet

SERIAL NUMBER 10/648,493	FILING DATE 08/25/2003 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. INTECH 3.0-088 03 P 50512
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None my of*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None my of*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 6	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i> <i>M7D</i>				

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## TITLE

System and method of correcting mask rule violations after optical proximity correction

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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